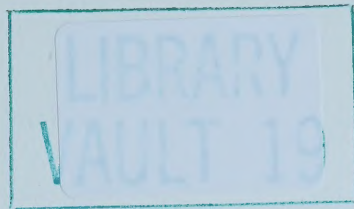


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OCTOBER - DECEMBER 1973

Notes:

Data used in the construction of all figures contained within the Quarterly Statistical Review are available on request from Research and Planning.



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SUMMARY OF THE REPORT ON

"STUDY ON THE CHARACTERISTICS OF CHILDREN ADMITTED TO CHILD WELFARE INSTITUTIONS, 1969-1971"

by Vivien Lai¹

The "study on characteristics of children admitted to child welfare institutions" originated in 1971 with the initial concern being the need to know the characteristics of children admitted to child care institutions in the province, and their situation after discharge. Prior to 1969, children requiring institutional placement were referred directly by each regional office to the institutions of their choice. In 1969 a referral committee was established, centralizing referrals of provincial wards to institutions. The application lists of this committee thus became the sampling list for this study. The study period stretches from January 1969 to December 1971, the committee's first three years of operation.

In August, 1970, health and social development assumed responsibility for juvenile delinquents when amendments were made to the Child Welfare Act. Previously, delinquent cases were handled by the Attorney General's department. This addition to the child welfare caseload greatly altered the characteristics of children referred to institutions during the three-year-period under study. Many of the three-year-trends that will be discussed below were influenced by this change.

This study was to collect information on characteristics of children admitted to child welfare institutions through all phases of their association with the department. These phases include:

Period prior to coming into care: Information collected relates to family background and reasons for coming into care.

Period prior to admission to institutions: Information collected relates to number and types of placement prior to application for institutionalization, reason for application, school performance, etc.

Period in institution: Information collected relates to the type of institution to which the child was referred, length of stay and reason for discharge.

Period after discharge: Information collected relates to the pattern of the child's development after discharge and school and employment status.

In short, the study attempted to discover the changing characteristics of children admitted during a three-year-period, as well as to relate their placement pattern after discharge to their former family background and placement before institutionalization.

During the period 1969 to 1971, 1,150 applications for institutionalization were reviewed by

the referral committee. A systematic sampling method, taking one-third of these applications, was used. The cases were distributed as follows:

	Population	Sample
1969	332	72
1970	387	86
1971	431	101
TOTAL	1,150	259

The sample was less than one-third of the population because some files were not available at the time of the study. Of the 259 cases sampled, 16 were inappropriate for referral. Since the study is concerned with characteristics of children admitted to institutions, these 16 cases were excluded from all analyses leaving the sample at 243. A pre-coded questionnaire was designed and information on the sample was collected from child welfare files and documents of the sampled cases. General coding was done by coding clerks trained by the researcher. Coding that required professional judgment (for example assessment of reasons for coming into care and behaviour symptoms of children) was done by a professional social worker. The following summarizes the findings in the four phases under study.

Period prior to coming into care

The study shows that the children admitted to child welfare institutions usually came from parents of low socio-economic background. Sixty-three per cent of the parents had Grade 9 or less education, 29 per cent had Grade 10-12 education, and only 7.5 per cent had any post-secondary education (Table 1). Sixteen per cent of the parents was on public assistance, 20 per cent was staying at home, and nine per cent was unemployed. Only 54.8 per cent of the parents was working at the time the child came into care.

Families of children in the sample seem to have intense marital, social, and health problems. Only 39 per cent of children came from families with two parents, where the parents legally are married.

¹This study was carried out by Vivien Lai, Senior Research Officer, Research and Planning, under the direction of a Steering Committee consisting of the following members: D.S. Alexander, former Director, Special Placement, Child Welfare Branch, B. Supynuk, Consultant and D.M. Stolee, Assistant Deputy Minister, Research and Planning. Factor analyses for developing typologies of children was done by Dr. D. Flathman, Department of Community Medicine, University of Alberta.

Twenty-seven per cent came from single-parent families, 20 per cent came from families where their parents live with another person other than the father/mother, 4.6 per cent were children of unwed mothers, and 4.2 per cent came from families where the parents live common-law. Only 71 per cent of the sample had parents with normal physical and mental health (i.e., no history of poor health, incapacitating physical disabilities or mental problems), 15 per cent had one or both parents with physical problems, 10 per cent with mental problems and four per cent displayed a combination of mental and physical problems.

A method was devised to quantify reasons for coming into care. Conceptually, a child could come into care for three groups of reasons: first, lack of care, where the problem was related mainly to availability of parental care; second, a behaviour problem of the child where the problem lay mainly with the child; and third, inadequate care on the part of the parent and a behaviour problem on the part of the child, where the problem lay between the two. The interrelationships of these three groups of factors were structured to form a continuum in the coding method, which is outlined in the following:

- (1) withdrawal of care - permanent and planned withdrawal
- (2) lack of care owing to environmental factors, e.g., sickness of parents
- (3) personal problems of parents, e.g., alcoholism
- (4) parent-child problem
- (5) child with special needs, inadequate care provided by parents
- (6) child with special need, problem with which normal parents are not expected to cope.

For groups (1), (2), and (3), reasons for coming into care were related to parental problems. Group (1), where parental care was withdrawn permanently, represents problems which were most acute; group (2) reasons, where environmental factors like sickness of parents have caused lack of care, were viewed as less acute; and group (3) reasons, involving personal problems of parents such as alcoholism, were the least acute (or most easily remedied) of parental problems. Groups (4) and (5) were related to problems of both child and parents. Group (4) reasons indicated relationship problems between child and parents less serious than group (5), where the child was assessed as "child with special needs" and parental care was "inadequate care". For group (6) the problem of the child deteriorated to such an extent that "normal" parents were not expected to cope.

Using the above as broad categories for coming into care, detailed reasons showing the particular situations precipitating the child's coming into care were developed as sub-categories under each major grouping (Table 2).

Among broad reasons for coming into care, the majority of sampled cases came into care because the problem involved both the parent and the child. Fifty-six per cent came into care as "child of special needs, inadequate care" and a further 24 per cent came into care as a result of "parent-child problems". Nine per cent came into care as "child with special needs, normal parents not expected to cope", 5.3 per cent as "withdrawal of parental care", 3.6 per cent as "personal problems of parents", and 1.6 per cent as "environmental factors". Looking at the three-year-trend, "child of special needs, inadequate care" increased as a major reason for coming into care from 36.9 per cent in 1969 to 75 per cent in 1971. This was mainly due to the increased number of delinquent children apprehended from families with "inadequate care" (three per cent in 1969 - 41 per cent in 1971). The inclusion of JDA² cases in 1970 is responsible for this dramatic increase (Table 2).

It is interesting to note that among detailed reasons for coming into care being "out of control of parents or foster parents" (26.3 per cent), "delinquency" (22.6 per cent) in group (5) and "rejection" (9.5 per cent) in group (4) were most common.

Period prior to application to institution

Thirty-nine per cent of children admitted to institutions were females, 61 per cent were males. There seemed to be a trend for a slight increase in the male percentage admitted during the three years. Half the cases admitted were between fourteen and fifteen years, 82 per cent were 12 years or older. The average age for admission increased from 12.8 years in 1969 to 13.5 years in 1970 and 14.2 years in 1971 (Table 3). This trend is largely a result of the addition of JDA cases to the child welfare caseload.

Twenty-six per cent of the cases admitted were of Indian and Metis origin, 72 per cent were Caucasian. Bearing in mind that Indian and Metis represent a relatively small proportion of the population of Alberta, the above shows an over-representation of native children in cases being institutionalized. However, when compared to the entire child welfare caseload, Indian and Metis children are less over-represented among cases being institutionalized than among the total caseload (48 per cent of the total child welfare caseload is Indian or Metis). Three-year statistics show that the percentage of children of native origin admitted has increased during the three years, from 20 per cent in 1969 to 28 per cent in 1970 and 29.2 per cent in 1971. Here again, since native children are over-represented among JDA wards, this trend was partly influenced by the 1970 amendment to the Child Welfare Act. However, leaving aside JDA cases, child welfare cases of Indian and Metis origin being institutionalized were still increasing over the three years.

²Cases in care under the Juvenile Delinquency Act.

The sample was found to have great problems with schooling. Less than half showed average performance in normal grades. The rest either had a history of grade retardation, were in opportunity classes, or had already been expelled from school (Table 4). The children were also found to have problems in peer group relationships and have very negative attitudes towards school.

There has been much interest shown in the placement history of children admitted to child welfare institutions. Knowing how many placements a child had prior to institutionalization, where these placements were, and why they broke down reveals much about the child's background and problems. A placement is defined as a child's residence away from his natural home both day and night. The placement must be arranged by a public agency. Private placements or placements in detention centers or shelters for less than two months are not counted as "placements". Regarding the placement history of the sample, 53 per cent of the cases institutionalized had not been placed previously. As for the other half, 31 per cent had a history of one placement (prior to institutionalization), 24.8 per cent, two placements and 44.2 per cent three or more. This shows that the sample of children being admitted was split into two groups: first those directly placed from parents' homes to institutions, and second, those who had quite a number of placements prior to institutional placement. Over the three years, for cases having a placement history, there seemed to be a trend for an increased number of placements prior to admission to institutions.

AVERAGE NUMBER OF PLACEMENTS PER CHILD PRIOR TO INSTITUTIONALIZATION 1969-1971

Year	Including Cases with no Previous Placements	Excluding Cases with no Previous Placements
1969	1.188	2.125
1970	1.150	2.452
1971	1.375	2.578
TOTAL	1.250	2.407

In order to discover if there were general types of children (distinguished by their behaviour) that were referred to child welfare institutions, a statistical procedure, factor analysis, was employed in this study. It was felt that if specific behaviour types could be identified, then children of each type could be examined by background characteristics, period in institution and period after discharge from institutions. With this information it should then be possible to find out which children adapt to institutionalization, which are helped by institutionalization, and which show stable patterns after discharge. Also, behaviour types which do not

benefit from institutionalization could be identified so that better facilities could be developed in the future.

In using factor analysis³ to develop behaviour types, two basic concepts were used: first, the concept of behaviour symptoms, and second, the concept of behaviour types. Behaviour symptoms were descriptions of the child's actions as recorded by the social worker in the case record. Behaviour type was a type of behaviour that was constituted by a group of behaviour symptoms. A behaviour symptom might be part of several behaviour types. However, it was felt that if certain behaviour symptoms consistently appeared in groups among a variety of children, then it was legitimate to classify this child as belonging to one behaviour type. This typology, intended only for descriptive purposes, was used to discover what types of children were admitted to different institutions and the results of treatment for the different types. The following is the typology of children developed:

- Type 1: Withdrawn, shy, insecure, lacks self-confidence, has difficulty communicating and relating to others.
- Type 2: Hyperactive, retarded, temper and rage, damages property, needs affection, wets bed.
- Type 3: Delinquent stealing behaviour, truancy, associates with delinquents, irresponsible, uses soft drugs.
- Type 4: Depressed, suicidal, lacks self-image, lacks self-worth, moody, manipulating.
- Type 5: Promiscuous, runs away, alcohol, uses soft drugs, apathetic, refuses discipline, confused.
- Type 6: Lies, petty theft, hostile, steals at home, feelings of rejection.

The percentage distribution of types of children admitted during the three years was as follows (Table 5). Type 6 (stealing, hostile, rejected children) and Type 3 (delinquent and truant children) were most common in the sample, with 32.1 per cent and 30.9 per cent respectively. Type 5 children (promiscuous and runaway) made up 15 per cent of the sample, Type 2 (retarded and hyperactive children) was 9.5 per cent, Type 4 (depressed and suicidal children) was 7.8 per cent, and Type 1 (shy, withdrawn, and insecure children) was 4.5 per cent. There was a noticeable increase in Type 3 children (children with delinquent behaviour) admitted during the three years, which reflects the incorporation of JDA cases into the caseload in 1970.

When reasons for application to institutions were examined it was found that 29 per cent of the cases referred by social workers applied because they had emotional problems that required treatment, 28.6 per

³An appendix outlining the factor analysis methodology done by Dr. D. Flathman is available upon request.

cent applied because of delinquency, and 22.4 per cent applied because they were out of control of parents. A further 13 per cent applied because of other behaviour problems with which the foster home or family was unable to cope; five per cent applied because they required a consistent, constant setting and another 2.5 per cent applied because of retardation and learning problems or other reasons.

Looking at a three-year-trend, juvenile delinquency increased as major reason for application, from 9.2 per cent in 1969 to 45.8 per cent in 1971; emotional problems as reasons for application decreased from 55.4 per cent in 1969 to 16.7 per cent in 1971 (Table 6). This shift reflects the changing composition of the child welfare caseload. Emotional problems decreased as reason for application and juvenile delinquency increased as reason for application because of the addition of juvenile delinquents to the child welfare caseload in August 1970.

Period in institution

Regarding the institutions to which the applications were referred, 26 per cent of the sample was referred to the Diagnostic Centre,⁴ 14.8 per cent to Mapleridge, 14.4 per cent to Youth Development Centre, and 12.8 per cent to William Roper Hull Home (Table 7). The above four institutions admitted 68 per cent of the total sample cases.

Eighty-seven per cent of cases admitted⁵ between 1969 and 1971 was already discharged by April 1972, which was the cut-off date for data collection for the study. For the discharge cases, their length of stay was usually very short. Half of the cases admitted were discharged within six months of stay, 74.7 per cent were discharged within a year and 95.8 per cent were discharged within two years of stay (Table 8).

Half of the cases were discharged as a result of completion of treatment process, 20 per cent of discharged cases were runaways, nine per cent were removed to another institution, 4.5 per cent manifested deterioration during stay and thus were discharged, and 5.7 per cent were discharged on request by parents. The remainder was discharged because their wardship expired, because they were over the age limit for the institution, or for other reasons (Table 9). The three-year-trend indicates that the percentage of discharges after completion of treatment decreased while the percentage of runaways, movement to another institution, and request by parents for the child's discharge increased. The major explanation for this lies in the fact that JDA wards were found in the sample after the August 1970 transfer of jurisdiction of juvenile delinquents to health and social development. JDA cases tended to have more discharges by reason of running away and less by reason of completion of treatment than non-JDA cases.

Period after discharge

It was found that a fair percentage (62 per cent), had improvement patterns after discharge, 19.6 per cent still had placement problems, 3.2 per cent had very short placements in a variety of homes, and 12.7 per cent were further involved in delinquency (Table 10). When reason for discharge was cross-tabulated with placement pattern after discharge, it was found that discharges, resulting from completion of the treatment process, had very good chances for an improvement pattern after discharge (71.8 per cent). However, a fair percentage of runaways (38.7 per cent), cases discharged as a result of deterioration during stay (42.9 per cent), and cases requested home by parents prior to completion of the treatment process (77.8 per cent) showed improvement after discharge as well. Relating placement pattern after discharge to the typology of children, it appears that Type 2 children (retarded, hyperactive, and emotionally disturbed children) had the highest percentage with an improvement pattern, whereas Type 3 children (children with acting out, aggressive, and delinquent behaviour) had the lowest percentage of improvement (Table 11).

With regard to their whereabouts, as of April 1972, 57.1 per cent of discharged cases were in foster homes at the time the study was carried out, 12.5 per cent were in another child welfare institution, 8.3 per cent were in a commercial or supervised boarding home, 8.3 per cent had set up their own families, 7.1 per cent were A.W.O.L.,⁶ 4.2 per cent were in jail, and 2.4 per cent were in hospitals (Table 12).

Summary

The study shows that children being institutionalized usually came from homes with marital, social and health difficulties. Thus the child's behavioural problem may be merely a result of his home environment. Over the three years, it is apparent that there was an increase in the number of teenagers applying for institutional care because of delinquency - a result of the transference of JDA wards to this department. About 2/3 of the children discharged from child welfare institutions showed improvement patterns after discharge. However, only half of the discharge cases were discharged as a result of completion of the treatment process. A fair percentage of children discharged before completion of treatment were shown to have an improvement pattern after discharge. Twelve per cent of discharge cases were further involved in delinquency after discharge, and four per cent were in jail at the time the study was carried out. An improvement pattern was found to be lowest for Type 3 children, the type that showed the highest increase in numbers during the three years under study.

⁴Renamed Westfield in October 1972.

⁵Only 219 of the 243 cases referred to child welfare institutions actually were admitted.

⁶A.W.O.L. - The child left either home or the child welfare institution without permission and cannot be located.

TABLE 1
EDUCATION OF PRINCIPAL PARENT
OF THE SAMPLE

	%	#
No education	4.5	9
Grades 1 — 3	7.0	14
Grades 4 — 6	12.9	26
Grades 7 — 9	38.8	78
Grades 10 — 12	29.4	59
Technical or business school	1.5	3
University or junior college	6.0	12
TOTAL	100.0	201
Not known	42	
Sample Cases	201	
TOTAL	243	

TABLE 2
REASON FOR COMING INTO CARE BY YEAR

Reason for Coming into Care	1969 %	#	Year 1970 %	#	1971 %	#	Row Total %	#	Group Total %
WITHDRAWAL OF PARENTAL CARE									
Surrender — unmarried mother, extramarital child	1.5	1	1.2	1	1.0	1	1.2	3	
Abandoned child	3.1	2	6.1	5	3.1	3	4.1	10	
TOTAL	4.6	3	7.3	6	4.1	4			5.3
ENVIRONMENTAL FACTORS									
Sickness of parents — mental			1.2	1	1.0	1	0.8	2	
Separation of parents	1.5	1	1.2	1			0.8	2	
TOTAL	1.5	1	2.4	2	1.0	1			1.6
PERSONAL PROBLEMS OF PARENTS									
Alcoholism	6.2	4					1.6	4	
Emotional problem	3.1	2					0.8	2	
Mental problem	4.6	3					1.2	3	
TOTAL	13.9	9							3.6
PARENT-CHILD PROBLEM									
Do not understand how to handle child	6.2	4	2.4	2			2.5	6	
Inability to communicate	1.5	1			2.1	2	1.2	3	
Physical neglect	1.5	1	3.7	3	4.2	4	3.3	8	
Rejection	13.8	9	12.2	10	5.2	5	9.5	23	
Do not exert control	4.6	3	2.4	2	1.0	1	2.5	6	
Authoritarian disciplining	1.5	1					0.4	1	
Lack of sense of responsible parenthood	3.1	2	7.3	6	3.1	3	4.5	11	
TOTAL	32.2	20	28.0	23	15.6	15			23.9
CHILD OF SPECIAL NEEDS, INADEQUATE CARE									
Emotional disturbance	7.7	5	4.9	4	6.3	6	6.2	15	
Delinquency	3.1	2	17.1	14	40.6	39	22.6	55	
Out of control	24.6	16	25.6	21	28.1	27	26.3	64	
Other behavioural problem	1.5	1	2.5	2			1.2	3	
TOTAL	36.9	24	50.0	41	75.0	72			56.3
CHILD WITH SPECIAL NEED, NORMAL PARENTS UNABLE TO COPE									
Illness or disability			1.2	1			0.4	1	
Emotional disturbance	1.5	1	2.4	2	3.1	3	2.5	6	
Delinquency	3.1	2	2.4	2	1.0	1	2.1	5	
Out of control	6.2	4	6.1	5			3.7	9	
Other behavioural problem	1.5	1					0.4	1	
TOTAL	12.3	8	12.1	10	4.1	4			9.1
TOTAL	100.0	65	100.0	82	100.0	96	100.0	243	100.0

TABLE 3

AGE AT APPLICATION TO INSTITUTION

Age at Application	1969		1970		1971		TOTAL	
	%	#	%	#	%	#	%	#
Two-Three	1.5	1					0.4	1
Four-Five	4.6	3			2.1	2	2.1	5
Six-Seven	4.6	3	4.9	4	3.1	3	4.1	10
Eight-Nine	6.2	4	8.5	7	1.0	1	4.9	12
Ten-Eleven	9.2	6	6.1	5	5.2	5	6.6	16
Twelve-Thirteen	16.9	11	18.3	15	19.8	19	18.5	45
Fourteen-Fifteen	52.3	34	54.9	45	55.2	53	54.3	132
Sixteen & Over	4.6	3	7.3	6	13.5	13	9.1	22
TOTAL	100.0	65	100.0	82	100.0	96	100.0	243
AVERAGE	12.8		13.5		14.2			

TABLE 4

SCHOOL PERFORMANCE AND ATTITUDE TOWARDS SCHOOL

Academic Performance	Positive, Fairly Interested and Co-operative		Ambivalent		Strongly Negative, Truancy Disruptive Behaviour		Child Expelled, Denied, or Quit School		TOTAL		Column %
Above Average in Normal Grade	4	100.0							4	100.0	1.9
Average in Normal Grade	30	37.5	50	62.5	5	6.3			85	100.0	39.5
Below Average in Normal Grade	6	16.2	25	67.6	6	16.2			37	100.0	17.2
Average Below Normal Grade	9	47.4	5	26.3	3	15.8	2	10.5	19	100.0	8.8
History of Grade Retardation	6	16.7	19	52.8	11	30.6			36	100.0	16.7
Opportunity or Special Class	11	36.7	13	43.3	4	13.3	2	6.6	30	100.0	14.0
Already Quit School					1	25.0	3	75.0	4	100.0	1.9
TOTAL	66	30.7	112	52.1	30	14.0	7	3.3	215	100.0	
Not Known	19										
Pre-School Age	9										
Sample Cases	215										
TOTAL	243										

TABLE 5

TYPOLOGY DISTRIBUTION OF SAMPLE 1969-1971

Type	1969		1970		1971		TOTAL	
	#	%	#	%	#	%	#	%
Shy, Withdrawn and Insecure	3	4.6	1	1.2	7	7.3	11	4.5
Retarded and Hyperactive	5	7.7	9	11.0	9	9.4	23	9.5
Delinquent and Truant	15	23.1	24	29.3	36	37.5	75	30.9
Depressed and Suicidal	4	6.2	7	8.5	8	8.3	19	7.8
Promiscuous and Runaway	11	16.9	10	12.2	16	16.7	37	15.2
Stealing, Hostile and Rejected	27	41.5	31	37.8	20	20.8	78	32.1
TOTAL	65	26.7	82	33.7	96	39.5	243	100.0

TABLE 6

REASONS FOR APPLICATIONS TO INSTITUTIONS FOR LAST THREE YEARS

Reason for Application	1969		1970		1971		TOTAL	
	%	#	%	#	%	#	%	#
Emotional problems that need treatment	55.4	36	34.1	28	16.7	16	29.1	70
Juvenile delinquency	9.2	6	23.2	19	45.8	44	28.6	69
Behaviour problems other than above, foster home or family unable to cope	18.5	12	19.5	16	3.1	3	12.9	31
Out of control of parents/ foster home	24.6	16	13.4	11	28.1	27	22.4	54
Retardation and learning problems	1.5	1			1.0	1	0.8	2
Need for consistent, constant setting	3.1	2	7.3	6	3.1	3	4.6	11
Other	3.1	2			2.1	2	1.7	4
TOTAL	100.0	65	100.0	80	100.0	96	100.0	241
NOT KNOWN		2						
SAMPLE CASES		243						

TABLE 7

**CENTRES REFERRED TO FOR
APPLICATIONS DURING 1969-1971**

Centres	Sample Number	Percentage
Diagnostic Centre*	63	25.9
Mapleridge	36	14.8
Youth Development Centre	35	14.4
William Roper Hull Home	31	12.8
Spruce Cliff	22	9.1
Salvation Army Children's Village	18	7.4
Marydale	9	3.7
Oakhill Boys' Ranch	8	3.3
Group Homes 1-4 (Calgary)	5	2.1
Don Bosco	5	2.1
Centennial Villa	5	2.1
Dominic Savio	2	0.8
Southern Homes	2	0.8
Frontier Lodge	2	0.8
TOTAL	243	100.0

*This was renamed Westfield in October 1972.

TABLE 8

LENGTH OF STAY FOR DISCHARGED CASES

Length of Stay	%	1969 Cumulative		%	1970 Cumulative		%	1971 Cumulative		%	TOTAL Cumulative	
		(F)	%		(F)	%		(F)	%		(F)	%
Less than 2 months	6.9	4	6.9	4.2	3	4.2	9.8	6	9.8	6.8	13	6.8
2-4 months	22.4	13	29.3	25.4	18	29.6	23.0	14	32.8	23.7	45	30.5
5-6 months	6.9	4	36.2	15.5	11	45.1	23.0	14	55.8	15.3	29	45.8
7-8 months	6.9	4	43.1	8.5	6	53.6	9.8	6	65.6	8.4	16	54.2
9-10 months	10.3	6	53.4	5.6	4	59.2	14.8	9	80.4	10.0	19	64.2
11-12 months	8.6	5	62.0	11.3	8	70.5	11.5	7	91.8	10.5	20	74.7
13-18 months	20.7	12	82.7	9.9	7	80.4	8.2	5	100.0	12.6	24	87.3
19-24 months	5.2	3	87.9	18.3	13	98.6				8.4	16	95.8
More than 2 years	12.1	7	100.0	1.4	1	100.0				4.2	8	100.0
TOTAL	100.0	58	100.0	100.0	71	100.0	100.0	61	100.0	100.0	190	100.0
Not Applicable (Still in Institution) and Not Known Sample					29							
					190							
TOTAL					219							

TABLE 9

Reason for Discharge	(Reason for Discharge (three-year-trend))							
	1969		1970		1971		TOTAL	
Wardship expired	7.0	4	4.6	3	14.6	8	8.5	15
Runaway	12.3	7	26.2	17	20.0	11	19.8	35
Treatment process completed	57.3	33	52.3	34	38.2	21	49.7	88
Deterioration during stay	5.3	3	7.7	5			4.5	8
Request by parent or familial requirement on child	5.3	3	4.6	3	7.3	4	5.7	10
Moved to another institution	7.0	4	4.6	3	16.4	9	9.0	16
Over age and others	5.3	3			3.6	2	2.8	5
TOTAL	100.0	57	100.0	65	100.0	55	100.0	177
Not Applicable (Still in institution)	28							
Not Known	14							
Sample Cases	177							
TOTAL	219							

TABLE 10

PATTERN OF PLACEMENT AFTER DISCHARGE BY REASON FOR DISCHARGE – TOTAL

Pattern of Placement After Discharge	Reasons for Discharge																	
	Wardship Expired		Over Age for Institution		Runaway		Planned by Institution and Worker Treatment at End		Deterioration During Stay		Request by Parent or Familial Requirement on Child		Moved to Another Institution		Others		TOTAL	
Settled down in placement, slight improvement	78.6	11	100.0	1	38.7	12	71.8	56	42.9	3	77.8	7	42.9	6	50.0	2	62.0	98
Still problem to placement/home, worker pessimistic about future	7.1	1			22.6	7	20.5	16			11.1	1	42.9	6			19.6	31
Very short placements in a variety of homes					3.2	1	2.6	2	28.6	2							3.2	5
Further involvement in delinquency	14.3	2			22.6	7	5.1	4	28.6	2	11.1	1	14.3	2	50.0	2	12.7	20
Others					12.9	4											2.5	4
TOTAL	100.0	14	100.0	1	100.0	31	100.0	78	100.0	7	100.0	9	100.0	14	100.0	4	100.0	158
Cases not Applicable	28																	
Cases not Known	33																	
Sample Cases	158																	
TOTAL	219																	

TABLE 11

PATTERN OF PLACEMENT AFTER DISCHARGE OF TYPOLOGY

Pattern of Placement After Discharge	Type													
	Sly, Withdrawn & Insecure Children		Retarded & Hyper-active Children		Delinquent & Truant Children		Depressed & Suicidal Children		Promiscuous & Runaway Children		Stealing, Hostile & Rejected Children		TOTAL	
Settled in Placement, Slight Improvement	4	66.7	9	75.0	26	52.0	8	66.7	17	65.4	39	67.2	103	62.8
Still Problem to Placement/Home, Worker Pessimistic About Future	2	33.3	3	25.0	11	22.0	2	16.7	4	15.4	9	15.5	31	18.9
Very Short Placement in a Variety of Homes							2	16.7	1	3.8	2	3.4	5	3.0
Further Involvement in Delinquency					11	22.0			4	15.4	6	10.3	21	12.8
Others					2	4.0					2	3.4	4	2.4
TOTAL	6	100.0	12	100.0	50	100.0	12	100.0	26	100.0	58	100.0	164	100.0
Cases not Applicable	28													
Cases not Known	47													
Sample Cases	144													
TOTAL	219													

TABLE 12

WHEREABOUTS AS OF APRIL, 1972 BY STATUS

Whereabouts		Status				TOTAL	
		JDA Cases		Non JDA Cases			
Home, foster home, or living with relatives		58.5	24	56.7	72	57.1	96
Commercial or supervised boarding home		4.9	2	9.5	12	8.3	14
Child welfare institution		9.8	4	13.4	17	12.5	21
Hospital				3.2	4	2.4	4
Jail		12.2	5	1.6	2	4.2	7
Set up own family		4.9	2	9.5	12	8.3	14
AWOL		9.8	4	6.3	8	7.1	12
TOTAL		100.0	41	100.0	127	100.0	168
Cases not Applicable	28						
Cases not Known	33						
Sample Cases	168						
TOTAL	219						

LEADING CAUSES OF DEATH

E.S.O. Smith

Throughout Canada the certified cause of every death is coded in accordance with the U.S. Adaption of the 8th Revision of the International Statistical Classification of Diseases, Injuries and Causes of Death, which is known as the ICDA-8. Deaths due to accidents and violence are coded both according to nature of injury and according to external cause, codes describing external cause being designated by the prefix E. The information is collected by Statistics Canada which each year publishes mortality data for both Canada and the provinces, and supplies each province with additional tables showing causes of death by sex and age.

For most purposes it is convenient to use tables in which the four-digit categories of the ICDA-8 are condensed into 150 cause groups. These groups of causes are referred to as the intermediate list.

In order to identify the leading causes of death for this particular study, the intermediate list classification was used primarily and was found to be sufficiently detailed for all causes except immaturity, which in the intermediate list is found under other causes of perinatal mortality. For some broad categories such as heart disease, cancer, accidents and congenital anomalies, it was necessary to combine several intermediate list rubrics together. To ensure comparability with other published data, use was made of groupings used in reports published by the Province of Ontario. The rubrics covered by each cause of death category are not itemized here, but can be furnished on request.

Table 1 shows the twelve leading causes of death for Canada in 1971, listed in order of frequency for both sexes together. The order for males differs from that for both sexes together, in that accidents displace stroke, taking third place instead of fourth, suicide displaces diabetes, taking seventh place instead of eighth, and cirrhosis of the liver displaces congenital anomalies, taking ninth place instead of tenth. The order for females is also different in that congenital anomalies displace suicide, taking eighth place instead of ninth, and it is possible that an unlisted cause could have been twelfth. From the percentages in this table we see that approximately one death in three was due to heart disease, one death in five was due to cancer, one death in ten was due to stroke and one death in thirteen was due to accident. The table also shows the crude death rates for each cause, for each sex separately and for both sexes together, based on the population of Canada at the 1971 census. Figure 1 illustrates the mortality rates by leading causes of death and by sex for Canada in 1971.

For a comparison of Alberta's experience with that of Canada as a whole it was considered desirable to combine the data for three consecutive years to compensate for the year-to-year fluctuations characteristic of small numbers. The last three years for which data were available were 1970, 1971 and 1972, and it seemed reasonable to compare the provincial experience averaged over these three years with the national experience during the middle year. In Table 2, therefore, we see the number of deaths in Alberta for each sex, for each year and for each of the twelve leading causes, listed in order of frequency for the three-year aggregate of both sexes together. The purpose in presenting this table is to illustrate the fluctuations.

Table 3 shows the same information for Alberta as Table 1 shows for Canada, with the exception that the numbers of deaths are all three-year totals for the period 1970 - 1972. The order for males differs from that for both sexes together, in that accidents displace stroke, taking third place instead of fourth, and suicide displaces diabetes, taking seventh place instead of eighth. The order for females is also different in that anoxia and hypoxia (conditions in which the body tissues are completely or partially deprived of oxygen) take eighth place and congenital anomalies take ninth place, relegating suicide to tenth place. Comparing with Table 1, we see that the leading causes of death in Alberta follow the same sequence as those for Canada down to the eighth place for males and for both sexes together, and down to the seventh place for females. We also see that immaturity replaces peptic ulcer as the twelfth causes of death. From the percentages we note that deaths due to heart disease were fewer than one in three, deaths due to cancer were fewer than one in five, deaths due to stroke were approximately one in ten and deaths due to accidents were more than one in eleven. The crude death rates shown in this table are based on the population of Alberta at the 1971 census, and are illustrated in Figure 2. Except for accidents in males and in both sexes together, suicides in males and in both sexes together, and anoxia and hypoxia in each sex separately as well as in both sexes together, the rates are consistently lower than those for Canada as a whole. However, since the rates are not standardized for differences in sex and age distribution, caution should be exercised in drawing conclusions from these comparisons.

It is rather remarkable that two causes of death peculiar to the neonatal period, anoxia and hypoxia in the case of both Canada and Alberta, and immaturity in

the case of Alberta, were sufficiently frequent to be counted among the twelve leading causes of death among persons of all ages.

Table 4 shows the six leading causes of death in Alberta during the years 1970 - 72 for both sexes together in each age group, starting with the age groups 0 - 1 and 1 - 4, continuing with ten-year age groups up to 84 and terminating with the age group 85+. The table really consists of a series of eleven tables, and shows for each age group the percentage of deaths attributable to each cause and the age-specific death rate for each cause. It is observed in particular that:

- (1) Accidents are the leading cause of death between the ages of 1 and 44 years;
- (2) Congenital anomalies are among the first three causes of death up to the age of 14 years;
- (3) Cancer is among the first three causes of death from age 1, and is the leading cause of death in the age group 45 - 54;
- (4) Heart disease is among the six leading causes of death from age 5, and ranks first from age 55;
- (5) Pneumonia, influenza, bronchitis, emphysema and asthma are among the six leading causes of death except between the ages of 15 and 44;
- (6) Homicide is among the six leading causes of death between the ages of 5 and 34;
- (7) Suicide is among the first four causes of death between the ages of 15 and 54, and ranks second between the ages of 15 and 34;
- (8) Cirrhosis of the liver is among the six leading causes of death between the ages of 35 and 64;
- (9) Stroke is among the six leading causes of death from age 25 and among the first three causes of death from age 55;
- (10) Diabetes is among the six leading causes of death between the ages of 65 and 84;
- (11) Diseases of the arteries, arterioles and capillaries are among the six leading causes of death from age 75;
- (12) Accidents and various forms of violence account for nearly two-fifths of the deaths in the age group 1 - 4, considerably more than half the deaths in the age group 5 - 14, more than four-fifths of the deaths in the age group 15 - 24, more than three-fifths of the deaths in the age group 25 - 34, and almost one-third of the deaths in the age group 35 - 44.

TABLE 1

**DEATHS, PERCENTAGES AND RATES FROM LEADING CAUSES BY SEX,
CANADA, 1971**

Cause of Death	Deaths			Percentages			Rates per 100,000		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
Heart disease	33147	21818	54965	36.1	33.3	34.9	307.0	202.5	254.8
Cancer	17398	13638	31036	18.9	20.8	19.7	161.2	126.6	143.9
Stroke	7618	8449	16067	8.3	12.9	10.2	70.6	78.4	74.5
Accidents	8480	3551	12031	9.2	5.4	7.6	78.6	33.0	55.8
Pneumonia, influenza etc.	5827	3159	8986	6.3	4.8	5.7	54.0	29.3	41.7
Diseases of arteries etc.	2827	2507	5334	3.1	3.8	3.4	26.2	23.3	24.7
Diabetes	1383	1690	3073	1.5	2.6	2.0	12.8	15.7	14.2
Suicide	1866	693	2559	2.0	1.1	1.6	17.3	6.4	11.9
Congenital anomalies	1059	908	1967	1.2	1.4	1.3	9.8	8.4	9.1
Cirrhosis of liver	1287	650	1937	1.4	1.0	1.2	11.9	6.0	9.0
Anoxia and hypoxia	839	518	1357	0.9	0.8	0.9	7.8	4.8	6.3
Peptic ulcer	651	259	910	0.7	0.4	0.6	6.0	2.4	4.2
Other	9441	7609	17050	10.3	11.6	10.8	87.5	70.6	79.1
All causes	91823	65449	157272	99.9	99.9	100.1	850.6	607.5	729.2

TABLE 2

DEATHS FROM LEADING CAUSES BY SEX AND YEAR, ALBERTA, 1970-72

Cause of Death	Males				Females				Both Sexes			
	1970	1971	1972	1970-72	1970	1971	1972	1970-72	1970	1971	1972	1970-72
Heart disease	2071	2058	2130	6259	1065	1085	1089	3239	3136	3143	3219	9498
Cancer	1062	1145	1181	3388	765	783	841	2389	1827	1928	2022	5777
Stroke	507	520	539	1566	473	514	505	1492	980	1034	1044	3058
Accidents	669	726	760	2155	256	276	255	787	925	1002	1015	2942
Pneumonia, Influenza, etc.	414	423	395	1232	216	220	183	619	630	643	578	1851
Diseases of arteries etc.	183	206	195	584	127	192	166	485	310	398	361	1069
Diabetes	97	95	123	315	98	108	102	308	195	203	225	623
Suicide	163	147	167	477	50	35	47	132	213	182	214	609
Anoxia and hypoxia	99	95	77	271	81	71	48	200	180	166	125	471
Congenital anomalies	62	95	82	239	60	51	55	166	122	146	137	405
Cirrhosis of liver	64	71	81	216	36	37	47	120	100	108	128	336
Immaturity	49	39	45	133	34	21	33	88	83	60	78	221
Other	837	869	893	2599	574	643	660	1877	1411	1512	1553	4476
All causes	6277	6489	6668	19434	3835	4036	4031	11902	10112	10525	10699	31336

TABLE 3

**DEATHS, PERCENTAGES AND RATES FROM LEADING CAUSES BY SEX,
ALBERTA, 1970-72**

Causes of Death	Deaths			Percentages			Rates per 100,000		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
Heart disease	6259	3239	9498	32.2	27.2	30.3	252.0	134.9	194.5
Cancer	3388	2389	5777	17.4	20.1	18.4	136.4	99.5	118.3
Stroke	1566	1492	3058	8.1	12.5	9.8	63.1	62.2	62.6
Accidents	2155	787	2942	11.1	6.6	9.4	86.8	32.8	60.2
Pneumonia, influenza etc.	1232	619	1851	6.3	5.2	5.9	49.6	25.8	37.9
Diseases of arteries etc.	584	485	1069	3.0	4.1	3.4	23.5	20.2	21.9
Diabetes	315	308	623	1.6	2.6	2.0	12.7	12.8	12.8
Suicide	477	132	609	2.5	1.1	1.9	19.2	5.5	12.5
Anoxia and hypoxia	271	200	471	1.4	1.7	1.5	10.9	8.3	9.6
Congenital anomalies	239	166	405	1.2	1.4	1.3	9.6	6.9	8.3
Cirrhosis of liver	216	120	336	1.1	1.0	1.1	8.7	5.0	6.9
Immaturity	133	88	221	0.7	0.7	0.7	5.4	3.7	4.5
Other	2599	1877	4476	13.4	15.8	14.3	104.7	78.2	91.7
All causes	19434	11902	31336	100.0	100.0	100.0	782.6	495.9	641.7

TABLE 4

**AGE-SPECIFIC PERCENTAGES AND RATES OF DEATH FROM LEADING CAUSES,
BOTH SEXES, ALBERTA, 1970-72**

Age Group	Cause of Death	Deaths				Percentage	Age-Specific Rate per 100,000
		1970	1971	1972	1970-72		
Under 1	Anoxia and hypoxia	180	166	125	471	28.2	520.6
	Congenital anomalies	122	99	100	321	19.2	354.8
	Immaturity	83	60	78	221	13.2	244.3
	Pneumonia, influenza etc.	56	52	32	140	8.4	154.7
	Accidents	35	28	25	88	5.3	97.3
	Conditions of placenta and cord	22	19	20	61	3.7	67.4
	Other	114	124	131	369	22.1	407.8
	All causes	612	548	511	1671	100.1	1846.8
1 — 4	Accidents	43	42	49	134	39.2	36.8
	Congenital anomalies	14	14	14	42	12.3	11.5
	Cancer	9	13	18	40	11.7	11.0
	Pneumonia, influenza etc.	14	14	10	38	11.1	10.4
	Dysentery, enteritis etc.	4	1	5	10	2.9	2.7
	Acute respiratory infections	3	2	2	7	2.0	1.9
	Other	25	23	23	71	20.8	19.5
	All causes	112	109	121	342	100.0	93.9
5 — 14	Accidents	67	69	83	219	51.3	20.1
	Cancer	22	17	20	59	13.8	5.4
	Congenital anomalies	12	14	13	39	9.1	3.6
	Pneumonia, influenza etc.	5	4	3	12	2.8	1.1
	Homicide	7	—	2	9	2.1	0.8
	Heart disease	1	1	4	6	1.4	0.6
	Other	31	27	25	83	19.4	2.6
	All causes	145	132	150	427	99.9	39.2
15 — 24	Accidents	224	266	274	764	64.3	84.0
	Suicide	54	46	60	160	13.5	17.6
	Cancer	18	18	17	53	4.5	5.8
	Homicide	7	9	5	21	1.8	2.3
	Injury of undetermined cause	2	7	12	21	1.8	2.3
	Heart disease	7	7	5	19	1.6	2.1
	Other	41	53	57	151	12.7	16.6
	All causes	353	406	430	1189	100.2	130.7

TABLE 4 (CONTINUED)

AGE-SPECIFIC PERCENTAGES AND RATES OF DEATH FROM LEADING CAUSES,
BOTH SEXES, ALBERTA, 1970-72

Age Group	Cause of Death	Deaths				Percentage	Age-Specific Rate per 100,000
		1970	1971	1972	1970-72		
25 — 34	Accidents	118	123	118	359	44.0	54.7
	Suicide	35	32	37	104	12.8	15.9
	Cancer	28	27	26	81	9.9	12.3
	Heart disease	10	17	11	38	4.7	5.8
	Homicide	8	15	13	36	4.4	5.5
	Stroke	8	8	8	24	2.9	3.7
	Other	59	63	51	173	21.2	26.4
	All causes	266	285	264	815	99.9	124.2
35 — 44	Accidents	78	133	96	307	23.9	53.0
	Cancer	79	91	80	250	19.5	43.1
	Heart disease	64	65	64	193	15.1	33.3
	Suicide	26	41	44	111	8.7	19.2
	Cirrhosis of liver	17	17	28	62	4.8	10.7
	Stroke	15	16	15	46	3.6	7.9
	Other	94	108	111	313	24.4	54.0
	All causes	373	471	438	1282	100.0	221.2
45 — 54	Cancer	221	234	238	693	28.5	142.1
	Heart disease	218	228	228	674	27.7	138.2
	Accidents	95	85	99	279	11.5	57.2
	Suicide	41	30	37	108	4.4	22.1
	Stroke	39	35	31	105	4.3	21.5
	Cirrhosis of liver	23	30	27	80	3.3	16.4
	Pneumonia, influenza etc.	19	29	32	80	3.3	16.4
	Other	129	148	139	416	17.1	85.3
	All causes	785	819	831	2435	100.1	499.3
55 — 64	Heart disease	480	439	517	1436	34.9	408.9
	Cancer	387	400	412	1199	29.2	341.4
	Accidents	86	76	89	251	6.1	71.5
	Stroke	73	95	83	251	6.1	71.5
	Pneumonia, influenza etc.	53	48	43	144	3.5	41.0
	Cirrhosis of liver	31	28	32	91	2.2	25.9
	Other	228	252	257	737	17.9	209.8
	All causes	1338	1338	1433	4109	99.9	1169.9

TABLE 4 (CONTINUED)

AGE-SPECIFIC PERCENTAGES AND RATES OF DEATH FROM LEADING CAUSES,
BOTH SEXES, ALBERTA, 1970-72

Age Group	Cause of Death	Deaths				Percentage	Age-Specific Rate per 100,000
		1970	1971	1972	1970-72		
65 – 74	Heart disease	773	773	759	2305	37.2	1065.4
	Cancer	494	525	551	1570	25.3	725.7
	Stroke	211	171	204	586	9.5	270.9
	Pneumonia, influenza etc.	123	115	134	372	6.0	171.9
	Accidents	57	58	75	190	3.1	87.8
	Diabetes	50	55	55	160	2.6	74.0
	Other	297	358	359	1014	16.4	468.7
	All causes	2005	2055	2137	6197	100.1	2864.4
75 – 84	Heart disease	958	962	910	2830	36.6	2594.1
	Cancer	395	450	479	1324	17.1	1213.6
	Stroke	386	421	379	1186	15.3	1087.1
	Pneumonia, influenza etc.	178	188	192	558	7.2	511.5
	Diseases of arteries etc.	103	128	121	352	4.5	322.7
	Diabetes	81	78	86	245	3.2	224.6
	Other	427	399	421	1247	16.1	1143.0
	All causes	2528	2626	2588	7742	100.0	7096.6
85+	Heart disease	621	650	717	1988	38.8	6452.5
	Stroke	244	280	317	841	16.4	2729.6
	Cancer	171	153	179	503	9.8	1632.6
	Pneumonia, influenza etc.	166	166	126	458	8.9	1486.5
	Diseases of arteries etc.	123	170	158	451	8.8	1463.8
	Accidents	46	50	53	149	2.9	483.6
	Other	222	267	245	734	14.3	2382.3
	All causes	1593	1736	1795	5124	99.9	16631.0

FIGURE 1 — MORTALITY RATES BY LEADING CAUSES AND SEX, CANADA, 1971

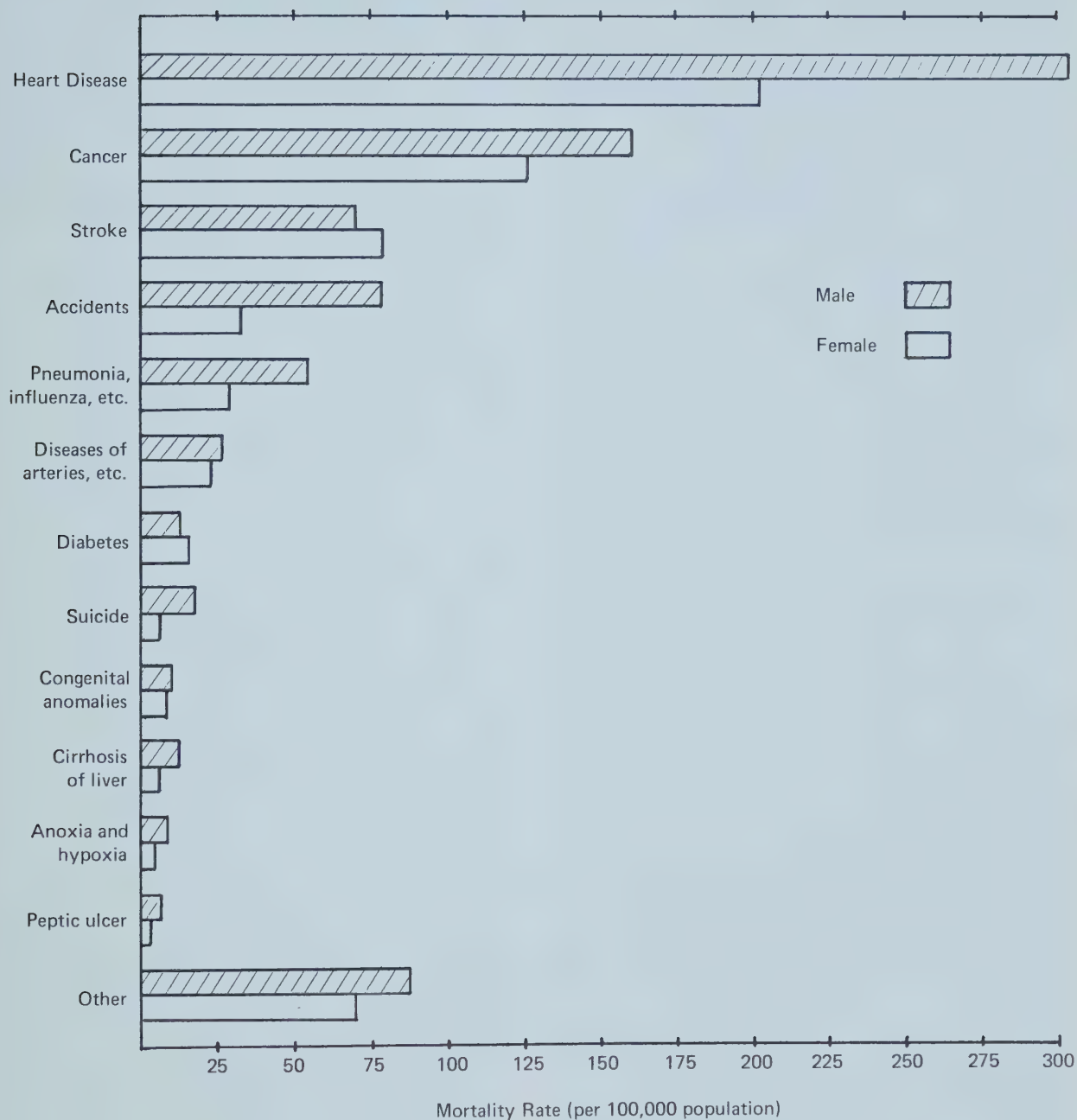
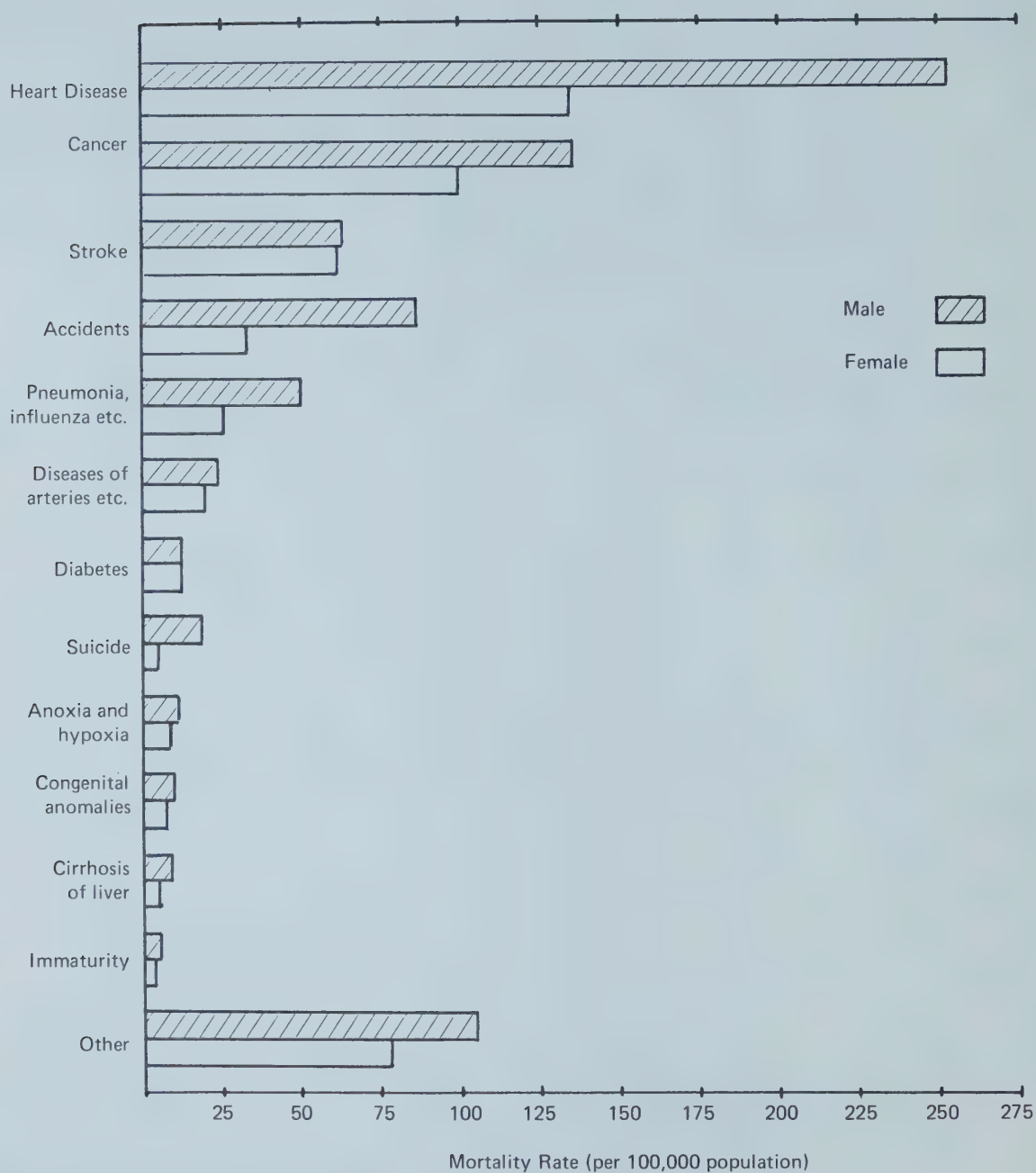


FIGURE 2 — MORTALITY RATES BY LEADING CAUSES AND SEX, ALBERTA, 1970-72



HIGHLIGHTS OF NOTIFIABLE DISEASES

E.S.O. Smith

The tables which accompany this commentary are based upon the cases of notifiable disease reported to the Division of Local Health Services and the Division of Social Hygiene from October to December 1973. Table 1 shows the geographic distribution of reported cases of the more common notifiable diseases (excluding venereal diseases and tuberculosis). Table 2 shows the sex and age distribution of reported cases of notifiable diseases (excluding venereal diseases, tuberculosis and rare diseases), and Table 3 shows the same information for venereal diseases. Table 4 compares the reported incidence of each of the more common notifiable diseases with the five-year mean for the corresponding quarter, and Table 5 shows the same information (but with a breakdown by sex) for venereal diseases.

From tables 1 and 2 we see that the most commonly reported notifiable diseases (apart from venereal diseases) during the quarter were streptococcal sore throat and scarlet fever (counted as a single entity), measles, infectious hepatitis, salmonellosis, rubella and bacillary dysentery, in that order. Compared with the July - September quarter the number of measles cases was almost quadrupled, the number of streptococcal sore throat and scarlet fever cases was more than doubled and the numbers of salmonellosis cases and of rubella cases were substantially increased. More than one-third of the cases of streptococcal sore throat and scarlet fever occurred in Edmonton and the three adjacent health units (Sturgeon, Leduc-Strathcona and Stony Plain-Lac Ste. Anne), and the incidence in the age group 5 - 9 was more than 75 per cent higher than that in the age group 10 - 14 and more than twice that in the age group 1 - 4. More than one-half of the measles cases were reported from Northern Alberta Health Services, the Athabasca Health Unit and Indian reservations (most of which are in the northern part of the province), but Lethbridge showed a three-fold increase and the Alberta East Central Health Unit a seven-fold increase compared with the July - September quarter; the highest incidence was in the age group 1 - 4, followed closely by the age group 5 - 9, and each of these age groups accounted for more than one-third of the total cases. Infectious hepatitis, which showed a decrease from the preceding quarter, was widely distributed throughout the province, and the incidence was very much higher in the age group 15 - 19 than in any other age group. Salmonellosis was reported more than twice as frequently from Calgary as from Edmonton, and these two cities together accounted for about three-fifths of the provincial total, while Indian reservations continued to show an unduly high incidence; about 40 per

cent of the cases occurred in children less than five. The greatest concentrations of rubella cases were in the Wetoka Health Unit and in Calgary; the Wetoka Health Unit appeared to have an outbreak which reached its peak early in November, but in Calgary the distribution of cases in relation to time was much more random. Bacillary dysentery showed a slight decrease from the preceding quarter, but the incidence remained high in the Peace River and Athabasca Health Units and in the Indian reservations; almost 80 per cent of the cases occurred in children less than 10. The incidence of diphtheria was up by over 45 per cent compared with the preceding quarter; Indian reservations accounted for one-half of the cases and Edmonton for one-quarter; almost one-half of the cases occurred in the age group 1 - 4. Diphtheria carriers (not shown in the tables) were more than twice as numerous as cases, and more than one-third of them were reported by the Stony Plain Health Unit.

From Table 4 we see that, by comparison with the five-year average for the October - December quarter, the incidence of diphtheria was more than trebled, the incidence of serum hepatitis was nearly trebled, the incidence on salmonellosis was more than doubled, the incidence of streptococcal sore throat and scarlet fever was doubled, and the incidence of measles was increased by nearly 60 per cent. The incidence of bacillary dysentery was similar to that of previous experience, the incidence of infectious hepatitis was reduced by more than 25 per cent, and the incidence of rubella was reduced by nearly 65 per cent.

From Table 3 we note that gonorrhoea, as always, was by far the most common of the venereal diseases, having a reported incidence exactly fifty-six times that of all forms of syphilis. Male cases of both gonorrhoea and syphilis outnumbered female cases by nearly two to one, but between the ages of 10 and 19 female cases of gonorrhoea outnumbered male cases by more than four to three. The age group 20 - 24 accounted for almost one-third of the gonorrhoea total, the age group 15 - 19 for more than one-fifth and the age group 25 - 29 for slightly less than one-fifth.

From Table 5 we observe that, by comparison with the five-year average for the October - December quarter, the reported incidence of gonorrhoea was up by over 40 per cent among males and by nearly 70 per cent among females. Early symptomatic (primary or secondary) syphilis showed a slightly increased incidence in males but a decreased incidence in females, while latent syphilis showed a substantially reduced incidence in males and about the same incidence as before in females.

TABLE 1

**REPORTED CASES OF COMMON NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES AND
TUBERCULOSIS) BY CITY, HEALTH UNIT OR OTHER JURISDICTION, ALBERTA, OCTOBER – DECEMBER 1973**

	Salmonellosis		Bacil. Dysen- tery	Staph. Food Poisoning	Diarr- hoea of Newborn	Diph- theria	Meningo- coccal Infect.	Strept Throat Scarlet F	Per tussis	Aseptic Meningitis			Infect. Hepat- itis	Serum Hepat- itis	Measles	Rubella
	Food as vehicle	Food not mentioned								Cox- sackie	ECHO	Not spec.				
Cities																
Edmonton	—	36	4	—	—	8	—	164	—	—	—	—	73	2	24	6
Calgary	—	84	10	—	—	—	—	69	4	—	—	—	71	12	27	31
Grande Prairie	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—
Lethbridge	1	7	—	—	—	—	—	12	1	—	—	—	9	2	42	10
Medicine Hat	—	3	—	—	—	—	—	83	—	—	—	—	1	—	2	4
Red Deer	—	1	—	—	—	—	—	—	—	—	—	—	8	—	—	—
Health Units																
Alberta East Central	—	—	—	—	—	—	—	23	—	—	—	—	1	—	46	12
Athabasca	—	—	16	—	—	2	—	61	—	—	—	—	9	—	59	9
Banff National Park	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Barons Eureka	1	4	—	—	—	1	—	62	—	—	—	—	2	—	3	3
Big Country	—	—	—	—	—	—	—	16	—	—	—	—	—	—	2	2
Chief Mountain	—	—	2	—	—	—	—	23	—	—	—	—	9	—	2	1
Chinook	—	1	—	—	—	—	—	65	—	—	—	—	1	—	1	—
County of Warner	—	—	—	—	—	—	—	14	—	—	—	—	3	—	1	6
Drumheller	—	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Edson	—	1	—	—	—	—	—	34	1	—	—	—	5	—	1	3
Foothills	—	1	1	—	—	—	—	7	—	—	—	—	2	—	1	4
Grande Prairie	—	—	—	—	—	2	—	36	—	—	—	—	1	—	—	—
Jasper National Park	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	1
Leduc — Strathcona	—	3	1	—	—	—	—	30	—	—	—	—	1	—	4	—
Medicine Hat	—	5	2	—	—	—	—	41	1	—	—	—	2	—	3	—
Minburn — Vermilion	—	1	—	—	—	—	—	82	—	—	—	—	3	1	1	—
Mount View	—	—	—	—	—	—	—	4	—	—	—	—	1	—	—	10
North Eastern Alberta	—	3	2	—	—	2	—	12	—	—	—	—	6	—	12	2
Peace River	—	4	30	—	—	—	—	35	—	—	—	—	9	—	3	1
Red Deer	—	5	1	—	—	—	—	1	—	—	—	—	3	1	6	4
Stony Plain — Lac Ste. Anne	—	5	—	—	—	2	—	109	—	—	—	—	5	—	1	—
Sturgeon	11	1	1	—	—	—	—	106	—	—	—	—	5	1	2	—
Vegreville	—	—	—	—	—	—	—	46	—	—	—	—	6	—	1	1
Wetoka	—	—	2	—	—	—	—	3	—	—	—	—	4	—	1	31
Other Jurisdictions																
Canadian Forces	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Indian Reservations	—	17	19	—	—	18	—	21	1	—	—	—	10	—	38	8
Northern Alberta Health Services	—	2	3	—	—	—	—	28	3	—	—	—	6	—	93	7
Other Municipalities	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—

TABLE 2

**REPORTED CASES OF NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES, TUBERCULOSIS AND
RARE DISEASES) BY SEX AND AGE, ALBERTA, OCTOBER – DECEMBER 1973**

Disease	Under 1		1 — 4		5 — 9		10 — 14		15 — 19		20 — 24		25 — 29		30 — 39		40 — 50		60+		Age not known		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Intestinal Infections																								
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Salmonella infections																								
(a) with food as a vehicle	1	—	1	1	—	1	2	3	—	—	—	—	—	—	1	1	2	—	—	—	—	—	5	8
(b) without mention of food as vehicle	14	17	24	23	14	12	6	5	2	16	4	12	5	10	2	6	4	6	3	3	—	—	78	110
Bacillary dysentery	9	7	17	21	9	12	2	5	1	—	1	3	—	1	—	3	—	1	1	1	—	—	40	54
Staphylococcal food poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Botulism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea of the newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Bacterial Diseases																								
Diphtheria	2	3	10	7	5	1	1	1	2	2	—	—	1	—	—	—	—	—	—	—	—	—	20	15
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Streptococcal sore throat and scarlet fever	17	6	89	83	191	187	99	116	52	67	35	42	33	39	26	50	19	27	8	15	—	—	569	632
Pertussis (Whooping cough)	1	1	1	3	—	3	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	8
Virus Diseases of Central Nervous System																								
Aseptic meningitis due to enteroviruses																								
(a) Coxsackie virus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) ECHO virus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Not specified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Western equine encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Virus Diseases																								
Infectious hepatitis	—	1	10	4	16	16	14	22	31	41	19	23	7	9	7	19	10	4	3	2	—	—	117	141
Serum hepatitis	—	—	—	—	—	—	—	—	2	5	4	3	—	3	1	—	1	—	—	—	—	—	8	11
Measles	27	21	70	63	64	65	29	31	—	4	—	—	—	—	1	—	—	—	—	—	—	—	191	184
Rubella (German measles)	8	10	32	21	31	35	4	8	—	2	2	1	—	1	1	—	—	—	—	—	—	—	78	78

TABLE 3

REPORTED CASES OF VENEREAL DISEASES BY SEX AND AGE,
ALBERTA, OCTOBER – DECEMBER 1973

	Under 1		1 – 4		5 – 9		10 – 14		15 – 19		20 – 24		25 – 29		30 – 39		40 – 59		60+		Age not known		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Gonorrhoea																									
Genito-urinary	—	—	—	3	—	2	3	10	180	243	416	223	279	94	243	70	124	26	10	2	18	14	1273	687	
Gonococcal infection of eye	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Syphilis																									
Congenital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acquired																									
(a) Early symptomatic																									
— Primary	—	—	—	—	—	—	—	—	—	—	4	—	1	—	3	—	1	—	—	—	—	—	—	9	—
— Secondary	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
— Other and unspecified	—	—	—	—	—	—	—	—	—	1	2	—	1	—	1	2	—	2	—	—	—	—	6	5	
(b) Latent																									
— Early	—	—	—	—	—	—	—	—	1	2	1	1	1	—	1	1	1	—	—	—	—	—	5	4	
— Late	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	—	—	—	—	2	3	
— Unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Late																									
— Cardiovascular	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
— Central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
— Other forms with symptoms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
— Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Chancroid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lymphogranuloma venereum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Granuloma inguinale	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

TABLE 4

REPORTED CASES OF NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES, TUBERCULOSIS
AND RARE DISEASES) AND INCIDENCE RATES, ALBERTA,
OCTOBER – DECEMBER 1973, WITH AVERAGES FOR CORRESPONDING QUARTER 1968-1972

Disease	October – December 1973		Average for Fourth Quarter 1968-72	
	Cases	Incidence Rate per 100,000	Cases	Incidence Rates per 100,000
Intestinal Infections				
Typhoid fever	—	—	—	—
Paratyphoid fever	—	—	0.4	0.0
Other Salmonella infections				
(a) with food as a vehicle	13	0.8	19.0	1.2
(b) without mention of food as vehicle	188	11.1	84.0	5.2
Bacillary dysentery	94	5.5	82.2	5.1
Staphylococcal food poisoning	—	—	0.8	0.1
Botulism	—	—	—	—
Diarrhoea of the newborn	—	—	1.8	0.1
Other Bacterial Diseases				
Diphtheria	35	2.1	10.2	0.6
Meningococcal infections	—	—	2.6	0.2
Streptococcal sore throat and scarlet fever	1201	70.8	571.4	35.6
Pertussis (Whooping cough)	11	0.7	27.8	1.7
Virus Diseases of Central Nervous System				
Aseptic meningitis due to enteroviruses				
(a) Coxsackie virus	—	—	—	—
(b) ECHO virus	—	—	—	—
(c) Not specified	—	—	1.4	0.1
Western equine encephalitis	—	—	—	—
Other Virus Diseases				
Infectious hepatitis	258	15.2	334.8	20.8
Serum hepatitis	19	1.1	6.8	0.4
Measles	375	22.1	222.8	13.9
Rubella (German measles)	156	9.2	410.6	25.6

TABLE 5

**REPORTED CASES OF VENEREAL DISEASES AND INCIDENCE RATES BY SEX,
ALBERTA, OCTOBER – DECEMBER 1973,
WITH AVERAGES FOR CORRESPONDING QUARTER 1968-1972**

	October – December 1973				Average for Fourth Quarter 1968-72			
	Cases		Incidence Rate per 100,000		Cases		Incidence Rate per 100,000	
	M	F	M	F	M	F	M	F
Gonorrhoea								
Genito-urinary	1273	687	148.1	82.1	848.2	383.2	103.8	48.5
Gonococcal infection of eye	—	1	—	—	—	—	—	—
Other	—	—	—	—	—	—	—	—
Syphilis								
Congenital	—	—	—	—	0.2	0.6	0.0	0.1
Acquired								
(a) Early symptomatic								
— Primary	9	—	1.1	—	8.0	2.2	1.0	0.3
— Secondary	1	—	0.1	—	3.6	4.0	0.4	0.5
— Other and unspecified	6	5	0.7	00.6	2.0	2.6	0.2	0.3
(b) Latent								
— Early	5	4	0.6	0.5	8.6	4.2	1.1	0.5
— Late	2	3	0.2	0.4	6.0	3.4	0.7	0.4
— Unspecified	—	—	—	—	0.8	0.4	0.1	0.1
(c) Late	—	—	—	—	—	—	—	—
— Cardiovascular	—	—	—	—	—	—	—	—
— Central nervous system	—	—	—	—	—	—	—	—
— Other forms with symptoms	—	—	—	—	0.2	0.2	0.0	0.0
— Other and unspecified	—	—	—	—	—	—	—	—
Chancroid	—	—	—	—	—	—	—	—
Lymphogranuloma venereum	—	—	—	—	—	—	—	—
Granuloma inguinale	—	—	—	—	—	—	—	—

HIGHLIGHTS OF PUBLIC ASSISTANCE AND CHILD WELFARE STATISTICS

PUBLIC ASSISTANCE

Table 1 presents the distribution of the caseload by reason for assistance for the quarter October to December 1973, and compares the distribution to that of the previous quarter. The average caseload for the quarter was 30,252 assistance units (including both families and single-person units), an increase of 2.22 per cent from the previous quarter. Caseload shifts during the quarter were:

- an increase in the proportion of the caseload accounted for by six of the seven categories: unemployed employables (11.22 per cent), physical ill health (3.49 per cent), mental ill health (2.37 per cent), mothers with dependent children (1.09 per cent), fathers with dependent children (0.92 per cent) employed with insufficient income (0.26 per cent.)
- a decrease in the proportion of the caseload constituted by age (-1.11 per cent).

Therefore, the quarter October through December saw increases in all categories except that of age. The category of unemployed employables showed the largest increase. An increase is expected to occur with the onset of winter due to seasonal employment ending. Percentage changes in unemployed employables between the quarters July-September and October-December for previous years show comparably high increases. This is with the exception of 1971 when the peak caseload did not occur until the quarter January-March. Compared to the 1972 increase rate of 16.95 per cent between the quarters July-September and October-December, the rate of 11.22 per cent for this year is comparatively low.

Table 2 indicates the age-sex distribution of the caseload for the quarter. The proportion of the caseload constituted by males increased from 35.77 per cent (10,586.) in the last quarter, to 35.95 per cent (10,878) in this quarter. Increases in number were evident in all of the age categories except 65+, which showed a decrease from 1,686 to 1,585. The proportion of the female caseload decreased from 64.23 per cent in the last quarter to 64.05 per cent in this quarter, yet increased in absolute number in all but the two categories of 30-34 and 65+.

Table 3 indicates the distribution of the caseload by regional office. The regional offices of Edmonton (North, South, West, West 10), Calgary (North, South), Lethbridge, Grande Prairie, Red Deer and Wetaskiwin occupy the first ten rank positions in their share of the provincial caseload. Of these, Edmonton and Calgary regional offices have the largest proportions of the total caseload (38.0 per cent and 26.1 per cent, respectively). Twenty-five of the regional offices showed an increase in caseload from the previous quarter

with Hanna (+18.92 per cent), Blairmore (+12.04 per cent), Grande Cache (+11.11 per cent), and West 10 (+11.03 per cent) experiencing the largest increases. The absolute increases for Hanna and Grande Cache were only 14 and five cases, respectively. Due to the small caseload base involved, the percentage changes are somewhat exaggerated. Eleven regional offices show decreases in caseload with Brooks (-12.03 per cent), Vermilion (-6.23 per cent) and Stettler (-4.28 per cent) having the largest relative decreases. These increases and decreases resulted in little change in the regional percentage distribution of the provincial caseload.

CHILD WELFARE

Table 1A indicates the distribution of children under care of the department, by status, for the quarter October to December 1973, and compares this with the distribution of the previous quarter. The total number of children under care (5,950) has increased from the previous quarter's total (5,808) by 2.44 per cent. Permanent wards constitute 49.7 per cent of the total; temporary wards, 37.4 per cent; custody by agreement¹ or out-of-province, the remaining 12.9 per cent. Decreases are evident in the proportion of the total number of children accounted for by Permanent wards and Temporary J.D.A.² wards (-1.42 per cent and -2.44 per cent, respectively). All other types of status increased from the previous quarter, with the greatest increase occurring in custody by agreement (+20.78 per cent). A large proportion of the increase in custody by agreement is the result of administrative changes being made in the various institutions in Alberta. In an attempt to alleviate legal difficulties in providing care for institutionalized children who are not wards of the province, these children are being placed under custody by agreement. Further increases are expected to occur in this group in the next quarter.

Table 2A presents the distribution of children under care by status and type of placement. As in the previous quarter, more than one-half of the children were in foster homes (50.02 per cent). Those children placed with a view to adoption accounted for 12.71 per cent of the total; 12.83 per cent were in institutions, and 9.67 per cent were living with their own parents.

Table 3A indicates the age-sex distribution of children under care. Male children accounted for 61.77 per cent of the total; female children, 38.23 per cent. This distribution is nearly identical to that of the previous quarter. The age range of 12 to 18 years had the greatest proportion of children (48.22 per cent), due to the inclusion of probation cases in this group.

¹Known in previous articles as non-wards. There is no legal significance in this change.

²Juvenile Delinquency Act

TABLE 1

**DISTRIBUTION OF CASELOAD BY REASONS FOR ASSISTANCE FOR THE QUARTER
OCTOBER – DECEMBER 1973**

Reasons for Assistance	October	November	December	Quarterly Average		Last Quarter's Average		% Changes Between Quarters
				Oct. - Dec. 1973	%	July - Sept. 1973	%	
Age	5983	5975	5935	5964	19.71	6031	20.4	- 1.11
Physical ill Health	5729	5795	5806	5777	19.10	5582	18.9	3.49
Mental ill Health	2485	2453	2447	2462	8.14	2405	8.1	2.37
Mothers with Dependent Children	11865	11635	11493	11664	38.56	11538	39.0	1.09
Fathers with Dependent Children	229	221	209	220	0.73	218	0.7	0.92
Unemployed Employables	3247	3399	3551	3399	11.24	3056	10.3	11.22
Employed, Insufficient Income	757	776	765	766	2.52	764	2.6	0.26
TOTAL	30295	30254	30206	30206	100.00	29594	100.0	
Increase Rate Over Previous Month	0.20%	-0.14%	-0.16%					
Increase Rate Over Previous Quarter				2.22%		-0.02%		

TABLE 2

**AGE-SEX DISTRIBUTION OF PUBLIC ASSISTANCE CASE-LOAD FOR THE QUARTER
OCTOBER – DECEMBER 1973**

Age Group	Males		Females		Both Sexes	
	#	%	#	%	#	%
0-19	577	1.91	1418	4.69	1995	6.59
20-24	929	3.07	2588	8.56	3517	11.63
25-29	816	2.70	2491	8.23	3307	10.94
30-34	709	2.34	2052	6.78	2761	9.13
35-39	756	2.50	1803	5.96	2559	8.46
40-44	835	2.76	1672	5.53	2507	8.29
45-49	869	2.87	1434	4.74	2303	7.61
50-54	909	3.00	1427	4.73	2336	7.72
55-59	1129	3.73	1516	5.01	2645	8.74
60-64	1764	5.83	1861	6.15	3625	11.98
65+	1585	5.24	1111	3.67	2696	8.91
TOTAL	10878	35.95	19373	64.05	30251	100.00

TABLE 3

**REGIONAL DISTRIBUTION OF CASELOAD,
OCTOBER – DECEMBER 1973¹**

Regional Office	Quarterly Average		Last Quarter's Average		% Increase Over Last Quarter	Ranks	
	#	%	#	%		This Quarter	Last Quarter
Edmonton North	4973	16.0	4833	15.9	2.90	1	1
Calgary South	4708	15.2	4681	15.4	0.58	2	2
Calgary North	3381	10.9	3284	10.8	2.95	3	3
Edmonton West	3365	10.9	3247	10.7	3.63	4	4
Edmonton South	2523	8.1	2547	8.4	- 0.94	5	5
Lethbridge	1497	4.8	1491	4.9	- .40	6	6
Grande Prairie	971	3.1	935	3.1	3.85	7	7
West 10	916	3.0	825	2.7	11.03	8	8
Red Deer	815	2.6	812	2.7	0.37	9	9
Wetaskiwin	790	2.5	771	2.6	2.46	10	10
Medicine Hat	633	2.0	601	2.0	5.32	11	11
High Prairie	542	1.8	507	1.7	6.90	12	12
Lac la Biche	433	1.4	405	1.3	6.91	13	13
Barrhead	405	1.3	414	1.4	- 2.17	14	14
Vegreville	389	1.3	400	1.3	- 2.75	15	15
Peace River	387	1.3	388	1.3	- 0.26	16	16
Bonnyville	322	1.0	320	1.1	0.63	17	17
Edson	317	1.0	294	1.0	7.82	18	19
St. Paul	313	1.0	315	1.0	- 0.63	19	18
Drumheller	280	0.9	273	0.9	2.56	20	22
Slave Lake	277	0.9	278	0.9	- 0.36	21	21
Vermilion	271	0.9	289	1.0	- 6.23	22	20
Camrose	257	0.8	249	0.8	3.21	23	23
Blairmore	242	0.8	216	0.7	12.04	24	27
Smoky Lake	241	0.8	238	0.8	1.26	25	24
Wainwright	234	0.8	225	0.7	4.00	26	25
Athabasca	213	0.7	219	0.7	- 2.74	27	26
McMurray	200	0.7	203	0.7	- 1.48	28	28
High Level	190	0.6	173	0.6	9.83	29	30
Stettler	179	0.6	187	0.6	- 4.28	30	29
Rocky Mtn. House	172	0.6	172	0.6	0.00	31	31
Olds	171	0.5	163	0.5	4.91	32	32
Whitecourt	122	0.4	121	0.4	0.83	33	34
Brooks	117	0.4	133	0.4	-12.03	34	33
Hanna	88	0.3	74	0.2	18.92	35	35
Grande Cache	50	0.2	45	0.2	11.11	36	36
TOTAL	30984	100.0	30328	100.0			

1. Includes Guardian Social Allowance

TABLE 1A

**STATUS OF CHILDREN UNDER CARE
OCTOBER – DECEMBER 1973**

Type of Ward	October	November	December	Quarterly Average		Last Quarter's Average		% Change Between Quarters
				#	%	#	%	
Temporary CWA	1808	1847	1831	1829	30.7	1756	30.2	4.16
Permanent Wards	2251	2224	2179	2218	37.3	2250	38.8	- 1.42
View to Adoption	746	754	712	737	12.4	734	12.6	0.41
Temporary JDA	397	401	398	399	6.7	409	7.0	- 2.44
Custody by Agreement	540	550	584	558	9.4	462	8.0	20.78
Out of Province	209	208	209	209	3.5	197	3.4	6.09
TOTAL	5951	5984	5913	5950	100.0	5808	100.0	2.44
Increase rate over previous month	1.64%	0.55%	-1.19%					
Increase rate over previous quarter				2.44%		1.18%		

CWA Child Welfare Act

JDA Juvenile Delinquency Act

TABLE 2A

**DISTRIBUTION OF CHILDREN UNDER CARE BY STATUS AND TYPE OF PLACEMENT,
OCTOBER – DECEMBER 1973**

Type of Placement	Temporary Ward (C.W.A.)		Permanent Ward (C.W.A.)		Custody by Agreement		Out of Province		Temporary Ward (J.D.A.)		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%
Free Home	15	0.82	20	0.68	2	0.36	1	0.48	4	1.01	42	0.70
Foster Home	1213	66.55	1667	56.41	321	57.52	148	70.81	39	9.82	3388	50.02
Institution:												
— Treatment	64	3.51	85	2.88	40	7.16	1	0.48	87	21.91	277	4.66
— Correctional	—	—	6	0.20	—	—	—	—	5	1.26	11	0.19
— Receiving	112	6.14	85	2.88	43	7.70	2	0.96	7	1.76	249	4.19
Mental Defective in A.S.H.	13	0.71	67	2.27	13	2.33	5	2.39	3	0.76	101	1.70
Other Institution	17	0.93	84	2.84	17	3.05	4	1.91	2	0.50	124	2.09
Independent	5	0.27	25	0.85	2	0.36	3	1.44	3	0.76	38	0.64
View to Adoption	—	—	737	24.94	—	—	13	6.22	—	—	750	12.62
Run Away	31	1.70	27	0.91	9	1.61	2	0.96	43	10.83	112	1.88
With own Parents	288	15.81	35	1.18	81	14.52	15	7.18	156	39.29	575	9.68
Group Home	40	2.19	89	3.01	27	4.84	4	1.91	40	10.08	200	3.37
With Relatives	25	1.37	28	0.95	3	0.54	111	5.26	8	2.02	75	1.26
TOTAL	1823	100.00	2955	100.00	558	100.00	209	100.00	397	100.00	5942	100.00

ASH Alberta School Hospital

CWA Child Welfare Act

JDA Juvenile Delinquency Act

TABLE 3A

**AGE- SEX DISTRIBUTION OF CHILDREN UNDER CARE
OCTOBER – DECEMBER 1973***

Birth Year	Males		Females		Both Sexes		Range	%
	#	%	#	%	#	%		
1973	347	4.60	307	4.07	654	8.66		
1972	152	2.01	133	1.76	285	3.77		
1971	126	1.67	102	1.35	228	3.02	approx. 0-6 years	27.64
1970	133	1.76	115	1.52	248	3.29		
1969	116	1.54	89	1.18	205	2.72		
1968	123	1.63	82	1.09	205	2.72		
1967	163	2.16	98	1.30	261	3.46		
1966	156	2.07	122	1.62	278	3.68	approx. 7-12	24.14
1965	179	2.37	118	1.56	297	3.93		
1964	160	2.12	96	1.27	256	3.39		
1963	172	2.28	108	1.43	280	3.71		
1962	200	2.65	120	1.59	320	4.24		
1961	252	3.34	139	1.84	391	5.18	approx. +13 years	48.22
1960	352	4.66	143	1.90	495	6.56		
1959	535	7.09	237	3.14	772	10.23		
1958	663	8.78	309	4.09	972	12.88		
1957	526	6.97	292	3.87	818	10.84		
1956	249	3.30	213	2.82	462	6.12		
1955	58	0.77	63	0.83	121	1.60		
TOTAL	4662	61.77	2886	38.23	7548	100.00		100.00

*Note: These tabulations include probation cases (concentrated in the ages 12 to 18 years)

GLOSSARY

Anoxia — a condition in which the body tissues are completely deprived of oxygen.

Boarding Home — a foster home in which the foster parents receive monetary compensation from the department to cover boarding expenses, clothing, etc. for the ward.

Caseload — the number of households, or units, assisted; these units consisting of one or more persons. Caseload is often used to refer to the collective heads of these units.

Congenital Anomaly — a physical defect which is present at birth.

Emphysema — a condition in which the alveoli (air cells) of the lungs are dilated.

Free Home — a foster home in which the foster parents have chosen to receive no monetary compensation from the department for the care of the ward.

Guardian Social Allowance (an extension of the social allowance program) — an allowance for basic necessities provided by the department, in the absence of the parent(s), to a person who in the opinion of the director is properly caring for the child.

Hypoxia — a condition in which the body tissues are partially deprived of oxygen.

Independent Placement — a situation where an older teenager ward is granted independent status by the Director of Child Welfare to live on his own.

Municipal Caseload — a municipality is responsible for assisting an employable person who is a resident of the municipality and

- (1) was a resident of the municipality during the twelve months immediately preceding his application, and
- (2) did not, during any part of these twelve months, receive material aid from the province or any other municipality.

The municipality is reimbursed 90 per cent by the province for expenditures incurred.

Neonatal — pertaining to the newborn or to the four-week period immediately after birth.

Non-Ward (now called "custody by agreement") — is a child (under the age of 18) whose parents have entered into an agreement with the Director of Child Welfare for the temporary care of the child; the parents retain guardianship rights. Situations which result in custody by agreement usually involve circumstances such as illness of the parents, or the child, which make care of the child beyond the parents' capabilities.

Peptic Ulcer — an ulcer of the stomach or duodenum (first part of the small intestine).

Perinatal — pertaining to the period from the end of the 20th week of pregnancy to the end of the fourth week after birth, or to a specified portion of this period.

Permanent Ward — a child (under the age of 18) whose ties with his natural parents have been completely severed and whose sole custodian and guardian is the Director of Child Welfare. Permanent wardship expires at age 18; but until that time, such children are adoptable.

Reasons for Assistance — the social allowance program is available to those persons who lack the resources or income sufficient to meet their needs and those of their dependents. Eligibility for assistance is defined within the following categories; for each application, the social worker assigns a reason for assistance on the following specified rank order basis. That is, recipients are assigned to the first category of reason for assistance that applies to them, proceeding through the list of reasons in their specified order.

Age (Person 60 or over) — A person may be considered eligible for assistance under this reason if over age 60. Prior to November 1971, women between 55 and 60 years of age were also eligible for Social Allowance by reason of age alone.

Mother with Dependent Child(ren)/Father with Dependent Child(ren) — This reason is applicable to the single parent family where the parent actually has custody of, or is personally caring for a dependent child.

Physical ill Health — This reason is applicable to a person with a physical disability, impairment or disease sufficient to prevent him from rendering services for wages which are adequate to meet his needs and those of his dependents, if any, for a period exceeding 90 days.

Employed, Insufficient Income — A person who is employed, but whose earnings are not sufficient to meet his basic needs and those of his dependents, if any. The assessment of insufficient income is made on the basis of benefit rates used in the social allowance program.

Unemployed Employable — This category includes persons who are capable of taking employment, but who are unemployed at the moment. It includes persons who are

—available for part-time or full-time employment.

—unemployed and seeking employment and whose employability may be under assessment.

—temporarily unavailable for work because of educational enrollment, pregnancy, or incarceration of less than 90 days.

Guardian Social Allowance — This is an extension of the Social Allowance program designed to assist persons who are acting in the capacity of guardians and providing care to children placed in their home by parents who are unable or unwilling to provide such care.

Recipients — In contrast to the term “caseload”, this term refers to the unit heads plus their dependents. The number of recipients on assistance is approximately two or three times as great as the caseload.

Rubric — a numbered category in a classification system.

Temporary Ward — children (under the age of 18) who are in custody of the Director of Child Welfare for a temporary period. At the end of this specified period, the temporary wardship is reviewed by the Court. Three possible outcomes of this review are:

- a) the wardship may be allowed to lapse;
- b) the wardship may be renewed for another specified period; or
- c) the Court may rule to request permanent wardship from a higher court.

